

Entered - 12/1/00 - sb
CL 00L0748 - GWENDOLYN BURNS

01- R -0128

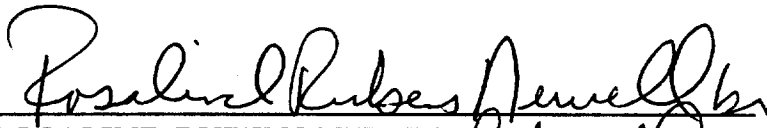
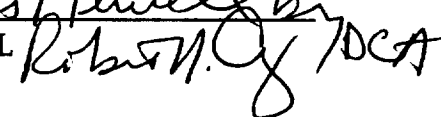
CLAIM OF: FREDERICK CARR
61 Fairburn Road, SW
Atlanta, Georgia 30331

For damages alleged to have been sustained as a result of a vehicular accident on July 19, 2000 at Howell Drive, SW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **FREDERICK CARR** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 19, 2000 at Howell Drive, SW. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0728

Date: January 19, 2001

Claimant /Victim FREDERICK CARR
BY: (Atty) (Ins. Co.) _____
Address: 61 Fairburn Road, SW, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 3,044.14 Bodily Injury \$ _____
Date of Notice: 11/14/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 7/19/00 Place: Howell Drive, SW
Department PUBLIC WORKS Division Solid Waste Services
Employee involved Earnest Cantrell Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck a city vehicle that made an "improper left turn". The city employee was cited for same.

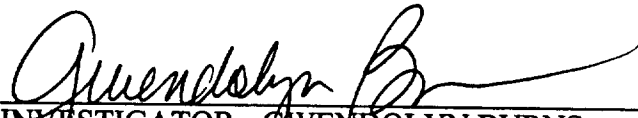
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver X Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 01-19-01
Committee Action: _____ Council Action _____

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0728

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND 00/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Earnest Wardell Cantrell
 , from any and all claims, demands, actions, causes of action, suits, damages, loss and expenses, of
whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on
account of a vehicular accident
which occurred on or about the 19th day of July, 2000
at or near Howell Drive, SW

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 18 day of January, 20 01.

Frederick Carr (LS)
Frederick Carr

The above release was read and explained to, and signed by the said Frederick Carr

in our presence on the date above written.

Dawn Bumpsey
Sherry Butler
WITNESSES

COUNCIL OF THE CITY OF ATLANTA NOV 4
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-7-00

Burns
11/28/00

11-14-00P01:02 RCVD

ENTERED - 12-1-00 - SB
00L0728 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3044.14 property and/or \$ SEE GARY bodily injury for which I contend the City is liable.

1. Date of incident: 7-19-2000 (month/day/year) 2. Time of Incident: 12:00 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): Howell Dr SW

5. Name of your insurance company: Esquire Policy No. 70006460

6. State what and how incident occurred: Traveling north on Howell Dr SW, A tractor with Rt turn on. When I went to pass the tractor turned into my Rt side door. See Attached report.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Seville 90 Frederick Carr
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: TRACTOR EARNEST CANTRELL
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

FREDERICK CARR
(Print Claimant's Name)

61 FAIRLURE RT SW
(Address)

ATLANTA, GA 30331
(City, State and Zip Code)

(Work Number)

(Home Number)

01-R-0128